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CONFIRMATION NO. 3122

|  |   |                                  |   |                                       |
|--|---|----------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/679,258   | <b>FILING OR 371(c) DATE</b><br>10/07/2003<br><b>RULE</b>   | <b>CLASS</b><br>702              | <b>GROUP ART UNIT</b><br>1631   | <b>ATTORNEY DOCKET NO.</b><br>1240-25 |
| <b>APPLICANTS</b><br>Francesco Orlandi, Palermo, ITALY; <i>LAC</i><br>David Krantz, Bayside, NY;   |   |                                  |   |                                       |
| <b>** CONTINUING DATA *****</b>  |   |                                  |   |                                       |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                  |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/02/2004</b>   |   |                                  |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>See Allow</i> <i>LAC</i><br>Verified and Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>ITALY | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>30             |
|  |   |                                  | <b>INDEPENDENT CLAIMS</b><br>4  |                                       |
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| <b>TITLE</b><br>Multi-marker screening protocol for fetal abnormalities  |   |                                  |   |                                       |
| <b>FILING FEE RECEIVED</b><br>1391   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |